Undergraduate teaching of genitourinary medicine in Britain—what are the issues?

Frances M Cowan, Jyoti Dhar, Raj Patel, Jonathan Ainsworth, Barry Peters, James Bingham

Academic Department of Genitourinary Medicine, UCLMS, Mortimer Market Centre, Capper Street, London WC1E 6AU
F M Cowan

Department of Genitourinary Medicine, Royal Hallamshire Hospital, Glossop Road, Sheffield S10 2JF
J Dhar

Department of Genitourinary Medicine, Royal South Hants Hospital, Brinton's Terrace, Southampton SO9 4PE
R Patel

Genitourinary Medicine and Communicable Diseases, Jefferiss Trust Laboratories, St Mary's Hospital Medical School, Praed Street, London W2 1NY
J Ainsworth

Department of Genitourinary Medicine, Royal Free Hospital, Pond Street, London NW3 2QG
B Peters

Chairman of the Education Committee, MSSVD, Harrison Wing, St Thomas' Hospital, Lambeth Palace Road, London SE1 7EH
J Bingham

Correspondence to:
Dr F M Cowan.

Accepted for publication
27 November 1995

A recent survey of undergraduate teaching of genitourinary medicine in Britain found that the time allocated for teaching of the specialty, had on, average decreased since the early 1980s, despite the considerable increase in the amount of material to be covered during the genitourinary medicine attachment over the past decade (particularly the viral STDs including AIDS).[1] However, this figure masked a wide variation in time allocated for teaching across the country. While some medical schools were able to offer comprehensive and innovative teaching courses others had no time allocated for teaching of genitourinary medicine at all.

The results of this survey, the recent recommendations from the General Medical Council (GMC) on undergraduate education[2] and the forthcoming introduction of external assessment of undergraduate medical teaching by the Higher Education Funding Council for England (HEFCE), prompted the Education Committee of the Medical Society for the Study of Venereal Diseases to meet and discuss the implications of these different factors for teaching of the specialty. Teachers from four different medical schools around the UK were asked to present details of their undergraduate course. These presentations were used as a focus for discussion.

In this paper we give details of these presentations and of the implications of the GMC recommendations and the forthcoming external assessment of undergraduate teaching of genitourinary medicine. We outline the issues that these recommendations raise and suggest how they may be used as a basis for improving undergraduate teaching within the specialty.

General Medical Council recommendations on undergraduate education:

The Education Committee of the GMC has written a report which makes recommendations on the future direction of medical undergraduate education within the UK.[2] The report starts from the premise that doctors in training today will be practising well into the next century. It is clearly not possible to teach students today all the knowledge and skills that they will require throughout their professional lives. The report suggests that we strive to educate doctors to be capable of adaptation to change, with minds that encompass new ideas and developments and with attitudes to learning that inspire the continuation of the educational process throughout their professional lives.

The principle recommendations of the report are detailed in Table 1. They advocate a reduction in the burden of factual information that students are required to know, coupled with learning through "exploration, curiosity and critical evaluation of the evidence". This should be achieved by revising the undergraduate curriculum to include a core curriculum in which basic science and clinical aspects are fully integrated plus additional study modules which allow study of some disciplines in more depth. The GMC have chosen not to define the content of the core curriculum or to devise a "national core curriculum" as this might "promote undesirable rigidity and resistance to change". The core curriculum should define the requirements that must be satisfied before a newly qualified doctor can assume the responsibilities of the preregistration house officer.[2] An important requirement is that students acquire, and can demonstrate, proficiency in the practical skills that they will need as a house officer.

The GMC anticipate that the greatest opportunities for educational learning will be afforded by the special study modules, as it is these which allow students to study, in depth, areas of particular interest. Unlike the core curriculum these study modules should not focus on the immediate requirements of the pre-registration year but instead on the long-term intellectual and attitudinal demands of professional life by providing insight into scientific method, research discipline and a constantly questioning and self-critical approach to medicine.

External assessment of teaching by Higher Education Funding Council for England:

In an attempt to improve the quality of undergraduate teaching within medical schools HEFCE is planning to start formal external assessment of preclinical and clinical teaching in 1997. Medical schools will be graded for teaching in the same way that they have previously been graded for research. External assessment will be made on the basis of each department's own self-assessment. This self-assessment will "inform and shape the activi-

Table 1 GMC recommendations of undergraduate medical education—principle recommendations

- reduction of the burden of factual information
- encouragement of learning through exploration
- development of proficiency in essential skills
- inculcation of appropriate attitudes
- integrated core curriculum
- special study modules
- communication skills
- public health medicine
- appropriate assessment

ties of the assessment team". Assessors will review course material, teaching and the methods of student assessment used. It is likely that the assessment will focus more on teaching methodology than course content. Teaching quality is to be assessed on the six areas detailed in table 2.

The judgements will be published as graded profiles (a grade from 1 to 4, with 4 being best, for each of the core aspects). Departments which run courses which score 1 in any of the areas, on two consecutive occasions, will be graded as unsatisfactory and funding for that subject will be withdrawn.

The introduction of the new curriculum, coupled with external assessment of undergraduate teaching means that teaching of medicine within medical schools is likely to undergo some radical changes within the next few years. How will these changes affect teaching of genitourinary medicine within the UK?

While the GMC has not specified which topics should be covered within the core curriculum, many of the areas within genitourinary medicine are either desirable or essential for inclusion. For the core curriculum, much of what students need to learn is likely to be skills or attitudinal rather than knowledge based. Being able to take a sexual history and perform a genital examination in a sensitive and competent manner are both skills required by a doctor, on qualifying from medical school. Genitourinary medicine physicians are also well placed to teach communication skills. As a specialty GUM has always recognised the public health implications of disease in one individual for the health of the wider community and is involved in health promotion and disease prevention. GUM is closely affiliated with many of the laboratory sciences including microbiology, virology and immunology and there is potential for developing integrated teaching packages which demonstrate the interface between laboratory and clinical sciences. It is likely however that more detailed coverage of the different aspects of genitourinary medicine will become optional for students.

In addition, there is an opportunity for departments of genitourinary medicine to run special study modules. As such modules do not have specific professional goals their scope is limitless. Departments which develop interesting courses that utilise innovative teaching techniques are likely to be those that appeal to students.

Details of genitourinary medicine teaching at four UK medical schools:

In order to outline the diversity of problems facing different medical schools around the country and the different approaches used to solve these, details of GUM teaching at four medical schools are given, (two from within London and two from without).

Table 2 Areas for inclusion in HEFCE's external assessment of teaching

- curriculum design, content and organisation
- teaching, learning and assessment
- student progression and achievement
- student support and guidance
- learning resources
- quality assurance and enhancement

At both London medical schools students are allocated to the department of genitourinary medicine for a reasonable period of time (mean time for lectures and clinical teaching 34 hours). In both cases the departments were able to run their courses independent of other departments. These centres were able to introduce some innovative approaches to teaching in the specialty including:

—introduction of seminars which use case histories as the basis for teaching, instead of didactic lectures,

—use of small group tutorials to facilitate discussion on a wider range of related issues than is normally possible within more didactic teaching sessions,

—teaching of sexual history taking to students by means of role-play at the start of their clinical attachment.

Students divide into groups with one student in each group role-playing the patient (having been given a case history to read), one role-playing the doctor and one an observer. After the doctor has taken a history from the patient the students feedback to each other on how it felt to be a patient, difficulties they had taking the history and how the consultation appeared to go. Each student should have the opportunity to play each role at least once during the session. Students who practice taking sexual histories in this manner take much better histories when they are given the opportunity to take histories from patients,

—the use of the objective structured clinical examination (OSCE) as a means of student assessment. The OSCE is a practical objective means of assessing students. The examination is held in a teaching laboratory where stations are set up with questions relating to various aspects of the specialty. Students move from one station to the next answering questions. Questions cover clinical problem solving, interpretation of laboratory/radiological investigations, communication skill problems and interpretation of microscope slides. This type of examination can easily be adapted to accurately assess whether the objectives of different courses have been met. It also acts as a learning experience for students and is more fun to sit than the usual MCQ/essay format,

—use of an external assessor to get feedback from students on course design, content and implementation. A consultant from a neighbouring department of genitourinary medicine is invited to come and make a detailed assessment of the teaching course by speaking to the students. The results of this assessment are used to modify the course, in response to comments. As well as providing good feedback on different aspects of the teaching course it allows consultants, from different medical schools, to exchange information on their different approaches to teaching.

The main concerns of teachers from these medical schools centred on motivating students, teachers and patients to participate in the learning process. This contrasts markedly with the experience of the teachers from medical schools outside London where the problems appeared to be very different. Of note there was less time allocated for teaching than at the schools in London (mean time for lectures and clinical teaching 18 hours). In one of these schools, the genitourinary medicine course is run in conjunction with that of the department of obstetrics and gynaecology who dictate the time and timing of genitourinary medicine teaching. This causes considerable problems, both in terms of providing teaching at times to suit the gynaecologists and of motivating students who perceive genitourinary medicine as an unimportant add on. Learning about sexually transmitted diseases appears last on the list of course objectives for the firm. As the time allocated for genitourinary medicine teaching is short, the department give a series of didactic lectures which aim to cover all the essential topics as well as a series of tutorials. In order to avoid repetition of topics covered during tutorials, tutors detail the topics covered on a "tutor sheet" which each tutor sees prior to giving their tutorial.

The teacher from the other non-London medical school presented details of how their department has combatted curriculum committee cuts which led to a reduction in the time allocated for teaching genitourinary medicine. The department has successfully involved itself in other areas of the undergraduate curriculum raising the profile of the specialty within it. Students at this medical school now get at least some genitourinary medicine teaching in each of the five years of their curriculum under many different guises. For example students get a talk on sexual health when they first arrive at university, are given sexual health advice prior to going on their electives and are taught sexual history taking as part of their introductory clinical course. In addition the department runs an optional special study module in the 3rd year which is always fully subscribed. Student motivation has also been improved by inclusion of sexually transmitted disease material in the final examination.

Issues for undergraduate teaching of genitourinary medicine.

With undergraduate medical education and curricula in a state of flux it will become important for the specialty to specify what constitutes an acceptable minimum in terms of teaching genitourinary medicine. This should be defined in terms of instructional objectives which outline what knowledge, skills and attitudes, related to the specialty, medical students should have acquired on completion of their training.

As one of the presentations to the Education Committee detailed, it is possible for departments of genitourinary medicine to run optional courses which are popular with students. The success or failure of any of the special study modules included in the revised curricula is likely to be market-driven. It is therefore important that teachers within the specialty use innovative teaching methods to devise interesting courses which students want to attend. By running successful study modules, teachers will ensure that, at least a proportion of medical students at their medical school will understand more about sexually transmitted conditions. While this may fall short of our ideal it is likely to be considerably better than the situation that currently prevails in many medical schools in the UK.

Specialties which have prepared for the forthcoming external assessment by HEFCE and which score highly, are likely to have more influence with their curriculum committees than those which do not. As a specialty we should be proactive in preparing for this external assessment and use this as an opportunity to increase our profile within the undergraduate curriculum and involve ourselves in it more fully. Well designed courses with clear instructional objectives, appropriate teaching methods and means of student assessment are likely to score well. It is essential that departments adapt their courses to promote understanding of the sexual health issues rather than factual acquisition.

Departments can help to improve the quality of their teaching and courses by introducing a system of peer observation in advance of HEFCE's external assessment. This is a system by which teachers observe each other's teaching practice and feedback suggestions to each other in a constructive way. The aim of peer observation is to enhance teaching quality by encouraging reflection on practice as part of a process of personal development.

In summary, teachers of genitourinary medicine should be aware of the undergraduate curriculum review proposed by the GMC and the forthcoming introduction of external assessment of undergraduate teaching by HEFCE. By reacting to these proposals proactively, rather than defensively, it may be possible to raise the profile of the specialty within the undergraduate curricula and improve awareness of sexual health issues among medical graduates qualifying throughout the country.

The authors acknowledge the support of the Education Committee of the Medical Society for the Study of Venereal Diseases; Dr Charles Lacey, Dr Tom McManus, Dr Alexander McMillan, Dr Patricia Mundy, Dr Rak Nandwani, Prof David Taylor-Robinson, Prof Jonathan Weber, Prof Ian Weller.

1 Cowan FM, Adler MW. Survey of undergraduate teaching in genitourinary medicine in Britain. *Genitourin Med* 1994;70:311–3.
2 Education Committee of General Medical Council. Tomorrow's doctors—recommendations on undergraduate medical education. December 1993.